

Disclosure Report Cover

Amendment

Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information

a. Full Name	c. ID Number			
HENRY VINES FOR COUNTY COMMISSIONER				
b. Mailing Address (include City, State and Zip Code)	d. Date Filed			
3450 ISLEY DR. SNOWCAMP NC 27349				
		e. Phone Number		
		336 224-1761		

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2025	11-17-2025	12-31-2025	William Thomas LASHLEY	

6. Type of Committee (Check One)	9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund	Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
7. Type of Fund (if applicable, check one)	10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			

11. Account Information	11. Account Information		
a. Financial Institution Full Name	a. Financial Institution Full Name		
FIRST HORIZON			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
		RECEIVED	
		JAN 30 2020	Period Begin Balance
			\$
			MANUFACTURE COUNTY
			BOARD OF ELECTIONS
d. Period Begin Balance			
\$			

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Printed Name of Signer	Signature of Appointed Treasurer	Date
FOR OFFICE USE ONLY		
Date Received: 1-30-2020	Employee: CB	Delivery Method
Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail
Date Scanned: 2/10/20	Employee: CR	<input type="checkbox"/> Registered Mail
Date Data Entered:	Employee:	<input checked="" type="checkbox"/> Hand Delivered
		<input type="checkbox"/> Electronically Filed
		<input type="checkbox"/> Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment
 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
HENRY VINES FOR COUNTY COMMISSIONER	YEAR END	
Start of Election Cycle: January 1, _____	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$	\$
RECEIPTS		
5) Aggregated Contributions from Individuals	(CRO-1205)	\$
6) Contributions from Individuals	(CRO-1210)	\$
7) Contributions from Political Party Committees	(CRO-1220)	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$
9) Loan Proceeds	(CRO-1410)	\$
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$
11) Other Receipt Sources		
11a) Interest on Bank Accounts	(CRO-1250)	\$
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$
11c) Outside Sources of Income	(CRO-1250)	\$
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$
11e) Exempt Purchase Price Sales	(CRO-1265)	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures	(CRO-1310)	\$
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$
15) Loan Repayments	(CRO-1420)	\$
16) Refunds/Reimbursements from the Committee	(CRO-1320)	\$
17) In-Kind Contributions	(CRO-1510)	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$	\$
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$	\$
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	\$
22) Debts and Obligations owed by the Committee	(CRO-1610)	\$
23) Debts and Obligations owed to the Committee	(CRO-1620)	\$
24) Account Transfers Within the Committee	(CRO-1720)	\$
25) Administrative Support	(CRO-1710)	\$
26) Forgiven Loans	(CRO-1440)	\$
27) 48-Hour Notice Reports Sum	(CRO-2220)	\$
28) Contributions to be Refunded	(CRO-1215)	\$

Contributions from Individuals

Amendment

Pg ____ of ____ Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)				2. ID Number	
HENRY VINES FOR COUNTY COMMISSIONER					
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
WILLIAM HENRY VINES JR 3450 ISLEY DR SNOW CAMP NC 27349			FARMER		
			c. Employer's Name/Specific Field		
			SELF		
e. Election Sum to Date \$ 200.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
CHRISTINA Q FAIRCLOTH 5101 NC HWY 49 BURLINGTON NC 27215			REAL ESTATE BROKER		
			c. Employer's Name/Specific Field		
			SELF		
e. Election Sum to Date \$ 250.00					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
			c. Employer's Name/Specific Field		
e. Election Sum to Date \$					
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page \$					
5. Total of ALL CRO-1210 Pages \$					
(This line must be on line 6 of Detailed Summary Page CRO-1100)					

Disbursements

Amendment
Pg ____ of ____ Yes No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)		2. ID Number			
<p><i>HENRY VINES FOR COUNTY COMMISSIONER</i></p>					
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
<p><i>ALAMANCE COUNTY BOARD OF ELECTIONS 1128 SOUTH MAIN ST. GRAHAM NC. 27253</i></p>					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<i>CHECK</i>		<i>12-17-2025</i>	<i>\$ 84.00</i>	<i>FILING FEE</i>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
<p><i>VISTAPRINT 9260 RED ROCK RD SUITE A NEVADA NV 89508</i></p>					
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
			\$	<i>108.18</i>	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	<i>DEBIT CARD</i>		<i>12-15-25</i>	<i>\$ 108.18</i>	<i>CARDS + HATS</i>
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name	d. Comments		
		c. Level Registered (Specify)			
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date		
			\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page				\$	
6. Total of ALL CRO-1310 Pages					
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>				\$	
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund		
O* Other					
* Codes require detailed explanation in required remarks field (k)					